

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09783041	FILING DATE 02/15/04	
							CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2		1					52		
3		1					53		
4		1					54		
5		1					55		
6		1					56		
7		1					57		
8		1					58		
9		1					59		
10		1					60		
11		1					61		
12		1					62		
13		1					63		
14		1					64		
15							65		
16							66		
17							67		
18							68		
19							69		
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26							76		
27							77		
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30							80		
31							81		
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36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.	13	↔	↔	↔			TOTAL DEP.	↔	↔
TOTAL CLAIMS	14						TOTAL CLAIMS		